

On December 12, 2005 appellant, then a 61-year-old contract specialist, filed an occupational disease claim alleging that her severe anxiety and depression, recurring chest pain, uncontrollable migraines and hypertension were a result of her federal employment: “Current medical conditions have been diagnosed by Dr. Cheryl Jackson as being induced by a highly

stressful work environment, which resulted in reoccurring (sic) [emergency room] visits for chest pain and migraines.”

On January 26, 2006 the Office asked appellant to submit evidence to support her claim, including a detailed description of the employment conditions or incidents to which she attributed her condition and her doctor’s reasoned medical opinion on the cause of her condition.

In a decision dated April 26, 2006, the Office denied appellant’s claim for compensation. Noting that she had submitted no further evidence to support her claim, the Office found that she failed to establish that she sustained an injury.

Appellant requested reconsideration. She explained that her office was short of personnel since the day she arrived in December 1998. Appellant cited a study attributing the turnover in personnel to a high workload. The workload weighed heavily on everyone in the division, she stated. Appellant had 58 projects herself to administer and award at one time. She stated that her panic attacks started in 2000 with migraines and trembling. Appellant noticed that the condition occurred when she attempted to prioritize her daily workload and “someone from a higher executive office required me to forget my workload plans and adjust to his or her prioritized schedule of projects to be completed.” It was at that time her symptoms began to increase in intensity and frequency. Appellant also acknowledged stresses outside the workplace, including her mother’s death and her son’s illness.

Appellant submitted statements from others who attested to the employing establishment’s stressful work environment. She submitted blood pressure readings, treatment notes, encounter forms, daily progress notes from outpatient therapy sessions and multidisciplinary weekly reviews of her individual treatment plan.

Appellant submitted a report from Dr. Robert G. Cumming, a Board-certified psychiatrist. On October 21, 2005 Dr. Cumming reported that appellant experienced “job stressors”: “She indicates that she works in the [employing establishment] in the District of Columbia and has not been able to continue work there for some time because of the stressors.” Dr. Cumming gave a principal diagnosis of recurrent major depression. He referred appellant to a partial hospitalization program to assess whether she could receive a more substantial level of care to manage her depressive symptomatology.

On June 23, 2006 a supervisory contract specialist addressed appellant’s allegation of job stress and staffing shortages:

“A certain amount of stress is part of being a 1102 professional at any level. This fact is well known throughout federal acquisitions. All employees, including [appellant], were required to work overtime, meet deadlines, etc. I am not aware of any conflicts between [her] and other coworkers or supervisors. [Her]

assignments and workload were consistent with a contracting officer at the GS-14 level.”

* * *

“Throughout the federal acquisition community, recruiting and maintaining staff continues to be a challenge. We did have vacancies within the organization and all employees under my authority had a heavy workload when [appellant] was in the office.”

In a decision dated August 23, 2006, the Office reviewed the merits of appellant’s claim and denied benefits. The Office found that the factual evidence established the alleged staffing shortages and aspects of appellant’s job that could be perceived as stressful. The Office noted, however, that the medical evidence offered no rationalized opinion on how these employment factors caused appellant’s diagnosed medical conditions: “The evidence submitted merely indicates the claimant has diagnosed psychological conditions but fails to opine if/how these psychological conditions are causally related to specific factors of employment.”

LEGAL PRECEDENT

The Federal Employees’ Compensation Act provides compensation for the disability or death of an employee resulting from personal injury sustained while in the performance of duty.¹ An employee seeking benefits under the Act has the burden of proof to establish the essential elements of her claim. When an employee claims that she sustained an injury in the performance of duty, she must submit sufficient evidence to establish that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. She must also establish that such event, incident or exposure caused an injury.²

Causal relationship is a medical issue,³ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence that includes a physician’s rationalized opinion on whether there is a causal relationship between the claimant’s diagnosed condition and the established incident or factors of employment. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁴ must be one of reasonable medical certainty⁵

¹ 5 U.S.C. § 8102(a).

² See *Walter D. Morehead*, 31 ECAB 188, 194 (1979) (occupational disease or illness); *Max Haber*, 19 ECAB 243, 247 (1967) (traumatic injury). See generally *John J. Carlone*, 41 ECAB 354 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

³ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁴ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁵ See *Morris Scanlon*, 11 ECAB 384, 385 (1960).

and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁶

ANALYSIS

Appellant has established that she experienced a specific event, incident or exposure occurring at the time, place and in the manner alleged. The employing establishment confirmed that appellant was required to work overtime and meet deadlines. Further, the employing establishment confirmed that recruiting and maintaining staff was a challenge. Vacancies existed and all employees had a heavy workload.

The question that remains is whether these specific employment factors caused an injury. This is where appellant's claim falls short. The record that was before the Office when it issued its most recent decision on August 23, 2006 contains no narrative report from a physician who explains how appellant's diagnosed condition is related to these specific employment factors. There is no report of an attending physician which describes the accepted employment factors (staff shortages, deadlines, overtime, heavy workload) in detail sufficient to show that he or she is basing the opinion on an accurate factual background. The physician should also describe any significant stresses outside the workplace. It is not sufficient for Dr. Cumming, the psychiatrist, to report that appellant experienced "job stressors." That does not demonstrate an understanding of appellant's workplace. Dr. Cumming must also explain from a medical or psychiatric perspective how these particular stressors caused, aggravated or contributed to a diagnosed condition. While he diagnosed recurrent major depression, he did not address how this was related to appellant's accepted work condition. Dr. Cumming must explain why he or she believes that such a causal connection exists in this particular case. The evidence from Dr. Jackson does not provide any narrative opinion on causal relationship. An award of compensation may not be based on surmise, conjecture or the claimant's own belief of causal relationship.⁷ Appellant must submit medical evidence explaining how her employment factors, first arising in 1998, caused or contributed to her disability as of September 2005.

Appellant submitted numerous treatment and progress notes showing her complaints and symptoms and treatment; but this evidence does not address the element of causal relationship. None of this evidence presents a physician's opinion together with sound reasoning. Dr. Cumming offered a psychiatric evaluation on October 21, 2005, but he did not state whether he believed that appellant's recurrent major depression was a result of the overtime, deadlines, staff shortages and heavy workload found in her federal employment. His report, therefore, is of limited probative value in establishing causal relationship.

Appellant submitted insufficient medical opinion explaining how specific employment factors caused or aggravated her claimed condition. She has not met her burden of proof to

⁶ See William E. Enright, 31 ECAB 426, 430 (1980).

⁷ See John D. Jackson, 55 ECAB 465 (2004).

establish the essential elements of her claim. The Board will therefore affirm the Office decisions denying benefits.⁸

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish the essential element of causal relationship.

ORDER

IT IS HEREBY ORDERED THAT the August 23 and April 26, 2006 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: May 22, 2007
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board

⁸ Appellant has one year from the date of the Board's decision to submit additional evidence to the Office and request, in writing, that the Office reconsider its August 23, 2006 decision on the issue of causal relationship.